

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

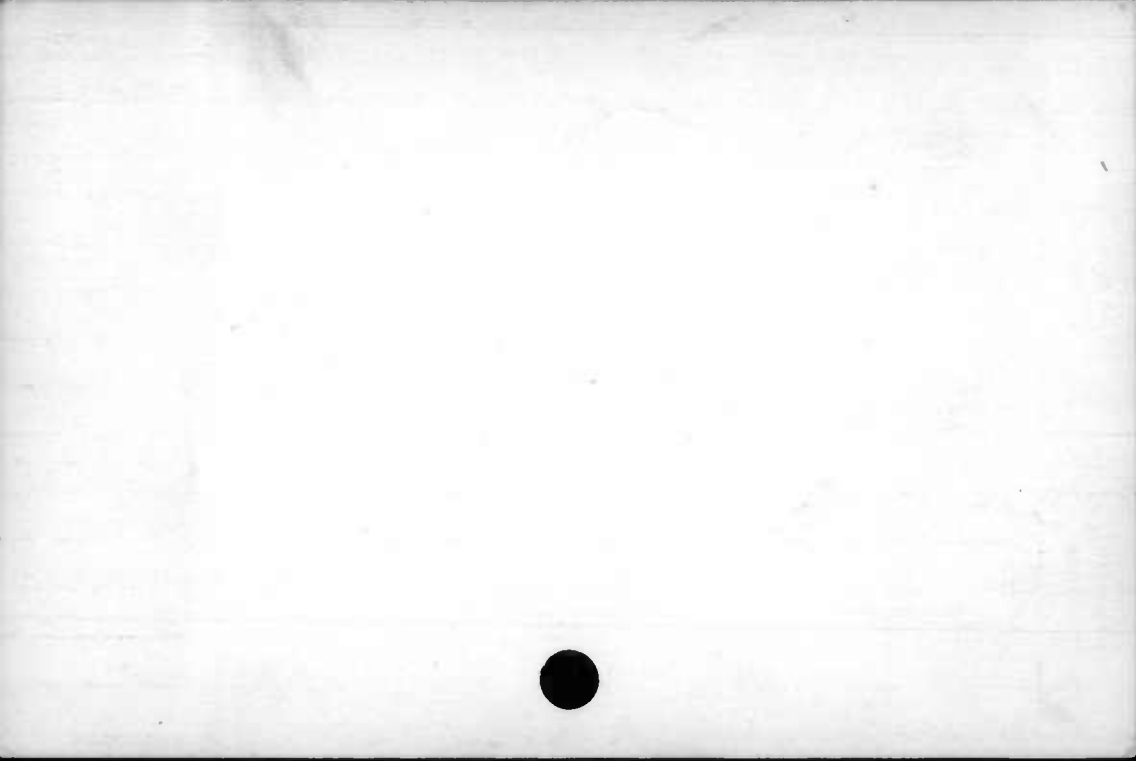
MARYLAND

Died at <i>Chestertown</i>		Town <i>Kent</i>		County	
Date of death <i>1905</i>	Month <i>Apr</i>	Day <i>27</i>	Age <i>5</i>	Years	Months <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Chestertown</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Cecil R. Atkinson</i>		Father's Birthplace <i>Chicago</i>			
Mother's Maiden Name <i>Ella Emory</i>		Mother's Birthplace <i>Kent Co</i>			
Name of person giving information <i>Mrs. C. R. Atkinson</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Undeveloped heart.</i>	How long	<i>8 months from birth</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. Bruce Simmons</i>	
		Address <i>Chestertown, Md.</i>	
Accident or Suicide? <i>No.</i>			



Name  
in  
Full

Wm H Bowers


## CERTIFICATE OF DEATH

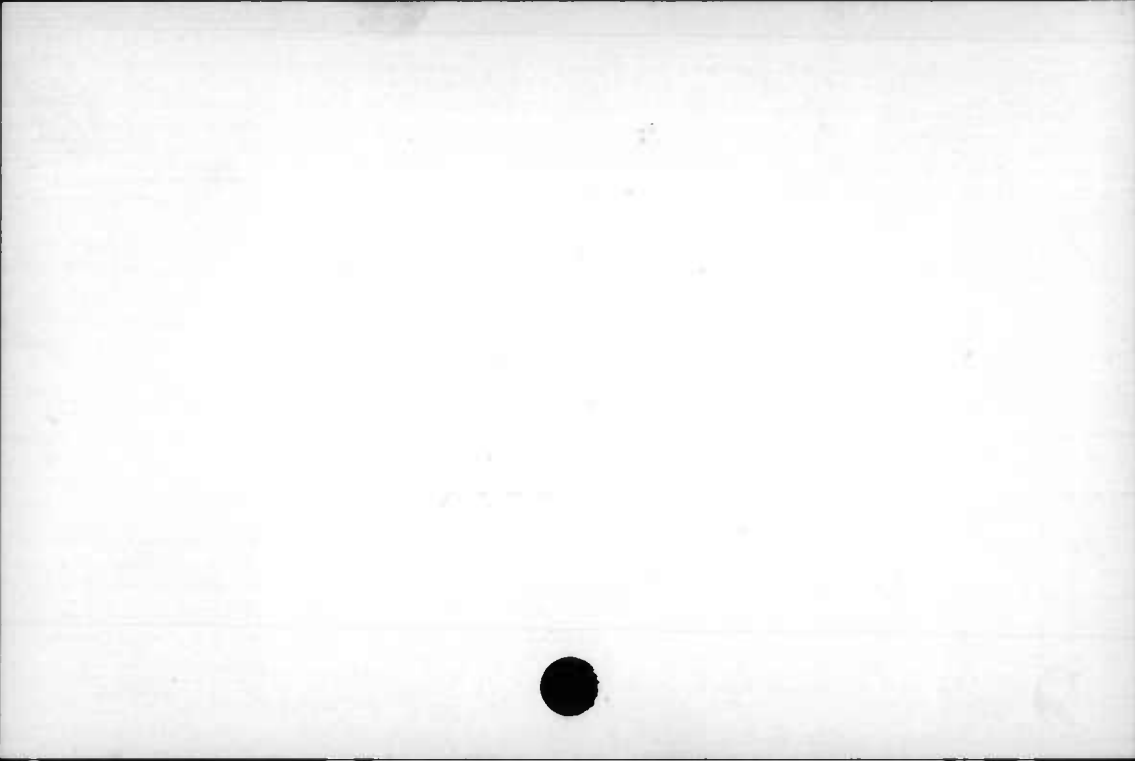
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Morgue</i>		County <i>Kent</i>		MARYLAND	
Date of death	1905	Month 4	Day 22	Age 76	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Ind</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband				
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information	<i>Geo Walker</i>					How related to deceased <i>Friend</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary			How long
Immediate	<i>Paralysis of pneumo sacculus</i>		How long <i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician
			Address <i>119 Crumpas</i> <i>Christiansburg Ind</i>
Accident or Suicide?	<i>No</i>		

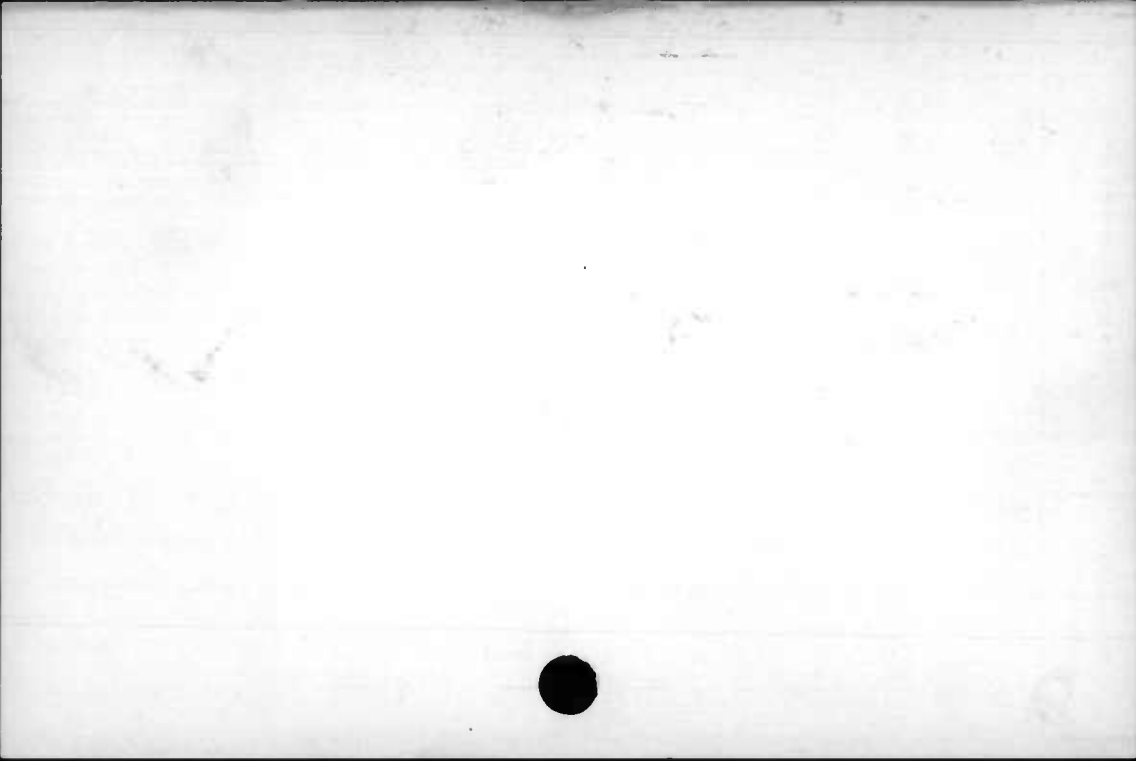


Name in Full		Mr. James L. Beck				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND			
		Died at		Near Tolchester		Kent.			
		Date of death	1905	Month	April	Day	23	Age	54
		Sex		Male		Color or Race		White	
		Occupation		Furnace		Birth-place		Kent Co Md.	
		Where Residing if not at place of death							
		Married, Single or Widowed		Married		Name of Wife or Husband		Abnera Beck	
Father's Name		Horace Perot		Father's Birthplace		Kent Co Md			
Mother's Maiden Name		Marian Miller		Mother's Birthplace		Kent Co Md.			
Name of person giving information		Abnera Beck		How related to deceased		Wife			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Diabetes		How long			
		Immediate		Urinary Poison		How long			
		Are the name, age, sex, color, date and place correctly given above?		Yes					
		Signature of Physician		Chas H. H. H. H. H.					
		Address		Chartersville Md.					
		Accident or Suicide?							

Burnt at St Paul

John H. Wadd

Name in Full		Clara Chambers				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <sup>Town</sup> <i>Christstown</i>		<sup>County</sup> <i>Beut</i>		MARYLAND		
	Date of death <i>1908</i>	Month <i>Apr</i>	Day <i>19</i>	Age <i>—</i>	Years <i>—</i>	Months <i>7</i>	Days <i>—</i>
	Sex <i>Female</i>	Color or Race <i>Col</i>		Birth-place <i>Ind</i>			
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name <i>Fry Chambers</i>		Father's Birthplace				
Mother's Maiden Name <i>Alveta Chambers</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Jesse Mabel</i>		How related to deceased <i>Cousin</i>					
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary			<div style="border: 1px solid black; border-radius: 50%; width: 50px; height: 50px; text-align: center; line-height: 50px;">71</div>		How long	
	Immediate <i>Conscious</i>					How long <i>Several hours</i>	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>No Attytending</i>			
				Address <i>NY Tempus Sec</i> <i>Local Board of Health</i>			
Accident or Suicide? <i>No</i>							





Name  
in  
Full

Hilda B. Chambers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Coleman Town

County

Kent

MARYLAND

Date of death 1905 Month AprilDay 27Age 3 Years

Months

Days 3Sex female

Color or Race

Black.

Birth-place

Md.

Occupation

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name

Henry Chambers

Father's Birthplace

Md

Mother's Maiden Name

Mary White

Mother's Birthplace

Md

Name of person giving information

H. Chambers

How related to deceased

Father.

## CAUSES OF DEATH

Primary

Pulmonary Phthisis

How long

2 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

G. I. Barnick

Address

Kennedyville Md

Accident or Suicide?

Coleman

Name  
in  
Full

Bebeeca Jane. Cliff

## CERTIFICATE OF DEATH

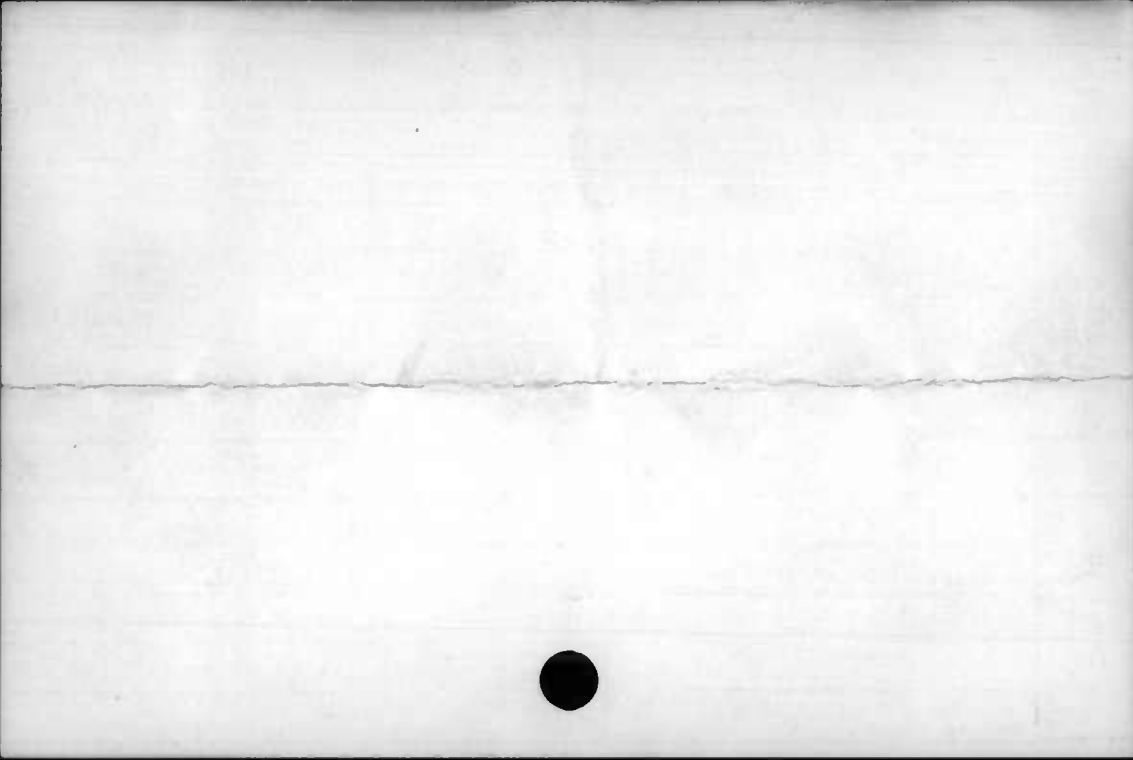
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Maryes</i> <sup>Town</sup>		County <i>Henk</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>apr</i>	Day <i>30</i>	Age Years <i>92</i>	Months <i>2</i>	Days <i>25</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>B S Griffith Cliff</i>					
Father's Name <i>Jonathan Hodgson</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Pallie Jones</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Renal Calculus</i>	How long <i>1 1/2</i>
Immediate <i>Angina pectoris</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H M Jeter M.D.</i>
	Address <i>Millington, Md.</i>
Accident or Suicide?	



Name  
in  
Full

John W. Copper

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Lynch</i>		County <i>Kent</i>		MARYLAND	
Date of death 1905	Month <i>April</i>	Day <i>3<sup>rd</sup></i>	Age <i>66</i>	Years	Months <i>9</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Kent-Co Md</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Rachel I. Altinson</i>							
Father's Name <i>Leyma Copper</i>			Father's Birthplace <i>Kent-Co Md</i>				
Mother's Maiden Name <i>Elizabeth Copper</i>			Mother's Birthplace <i>Kent-Co Md</i>				
Name of person giving In formation <i>Mrs Lula Hagen</i>			How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>7 days</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John H. Hessey</i>
	Address <i>Worton Md</i>
Accident or Suicide?	

Still Pond

Name  
in  
Full

Isaac J. Cotton

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> *Chestertown*<sup>County</sup> *Kent*

MARYLAND

Date of death *1905* <sup>Month</sup> *Apr*<sup>Day</sup> *28*Age <sup>Years</sup> *3*<sup>Months</sup> *7*<sup>Days</sup>Sex *Male*Color or  
Race*Col*Birth-  
place*Md*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Michael Cotton*Father's  
Birthplace*Md*Mother's  
Maiden Name*Anna M. Jeffers*Mother's  
Birthplace*Md*Name of person giving  
information*Michael Cotton*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Tubercular meningitis*

How long

*2 months*

Immediate

*Convulsions, Exhaustion*

How long

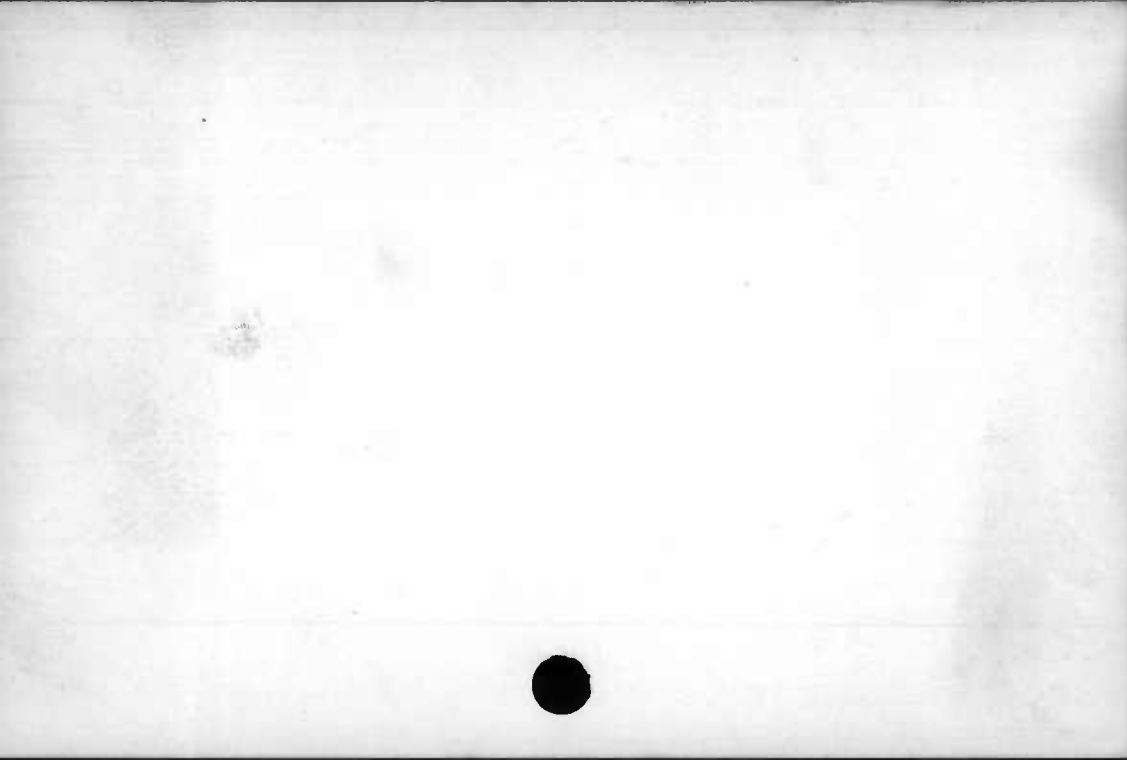
*Several days*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*H. G. Simpson*

Address


*Chestertown, Md*

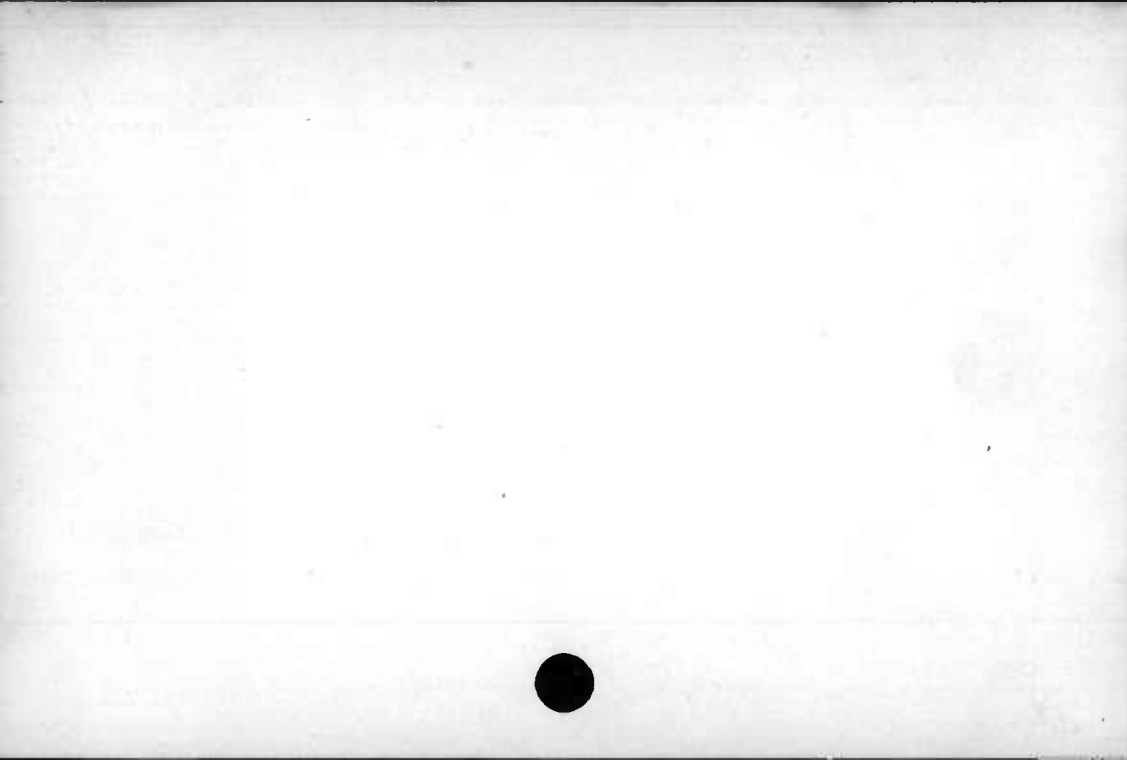
Accident or Suicide?

*No*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name in Full		Hunetta Fountain				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Millington</i> Town			County <i>Reet</i>			MARYLAND
	Date of death <i>1905 Apr</i>		Month	Day <i>2nd</i>	Years <i>50</i>	Months	Days
	Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Caroline Co</i>			
	Occupation <i>Housework</i>			Where Residing if not at place of death <i>At home</i>			
	Married, Single or Widowed <i>Married</i>		Name of <del>the</del> Husband <i>Thos H. Fountain</i>				
	Father's Name <i>Wm Mead</i>			Father's Birthplace <i>Maryland</i>			
	Mother's Maiden Name <i>Hester</i>			Mother's Birthplace			
	Name of person giving information <i>Thos H. Fountain</i>			How related to deceased <i>Husband</i>			
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <i>Apoplexy</i>					How long <i>18 hours</i>	
	Immediate <i>Coma</i>					How long	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>L P Gourneau MD</i>			
				Address <i>Millington Md</i>			
	Accident or Suicide?						



Name  
in  
Full

Mary M. Freeman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Melittotee		County Kent		MARYLAND	
Date of death		Month	Day	Years	Months		Days
1905		April	4	Age About 65			
Sex		Female		Color or Race		Birth-place	
		Col				Kent Co Md	
Occupation				Where Residing if not at place of death			
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Married		Alexander Freeman					
Father's Name		William Freshy		Father's Birthplace			
				Kent Co Md			
Mother's Maiden Name		Don't Know		Mother's Birthplace			
				Kent Co Md			
Name of person giving information		Alex Freeman		How related to deceased			
				Husband			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cancer	How long	3 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. H. Hesser	
		Address	
		Morton Md	
<del>Accident or Suicide?</del>			



Name  
in  
Full

Annie Rebecca Greet

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Rock Hall</u> <sup>Town</sup>		<u>Kent</u> <sup>County</sup>		MARYLAND		
Date of death	<u>1905</u> <sup>Year</sup>	<u>Apr.</u> <sup>Month</sup>	<u>10</u> <sup>Day</sup>	Age <u>44</u> <sup>Years</sup>	<u>Months</u> <sup>Months</sup>	<u>Days</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death					
Married, <del>Single</del> <u>Married</u> or Widowed	Name of Wife or Husband <u>James G. Greet</u>					
Father's Name <u>Thomas Warren</u>	Father's Birthplace <u>Ind.</u>					
Mother's Maiden Name <u>Julia Alexander</u>	Mother's Birthplace					
Name of person giving information <u>James G. Greet</u>	How related to deceased <u>Husband</u>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>64</u>	How long
Immediate <u>Cerebral Hemorrhage</u>		How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>O. L. Long</u>	
	Address <u>Rock Hall Ind.</u>	
Accident or Suicide?		



Name

John Augusta Hensch Jr.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

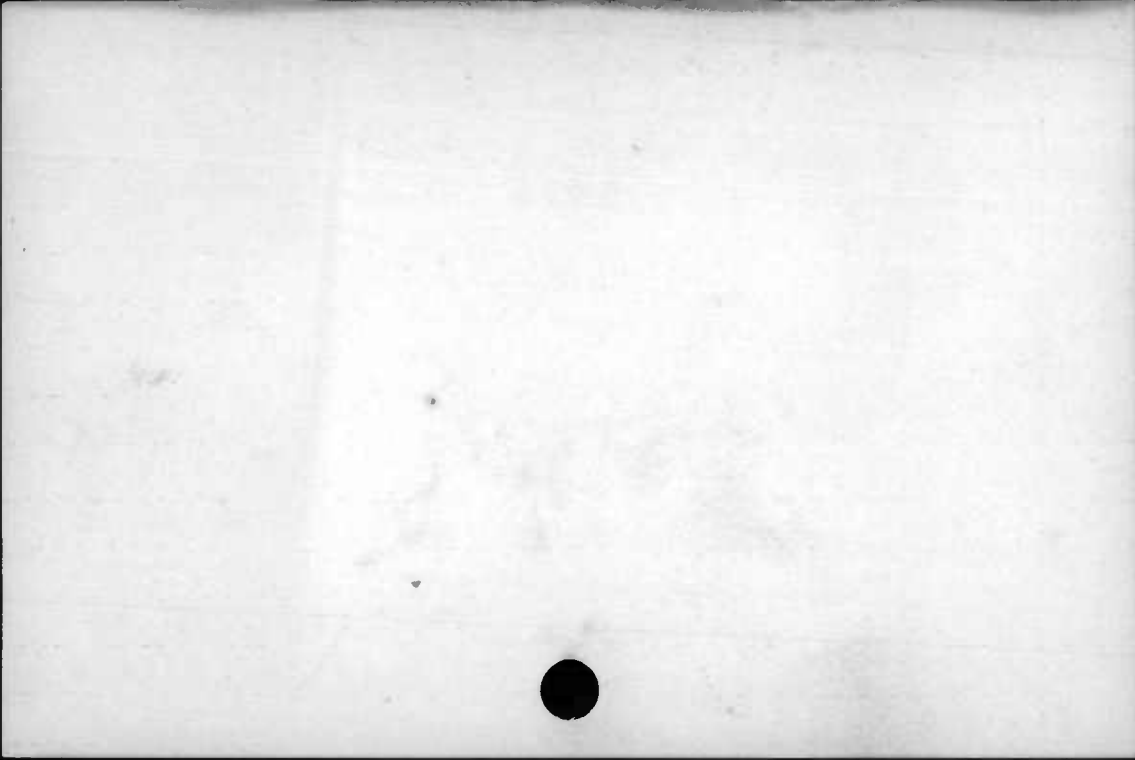
MARYLAND

Died at		Rock Hall		Kent Co.	
Date of death 1905		Month	April	Day	4
Age		10		Months	7
Sex		Male		Color or Race	White
Married, Single or Widowed		Widower		Occupation	House Carpenter
Name of Wife or Husband		Marguerite Scott			
Father's Name		Martin Hersch		Father's Birthplace	Baltimore
Mother's Maiden Name		Elizabeth Hensch		Mother's Birthplace	Baltimore
Name of person giving information		John Hensch Jr.		How related to deceased	Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	General debility	How long	6 months
Immediate	Exhaustion	How long	one day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. S. Sully M.D.
		Address	Rock Hall Kent Co.
Accident or Suicide?			





# CERTIFICATE OF DEATH

## MARYLAND

Died at Charleston Town

County

<b>Date</b> of death	1905	<b>Month</b> June	<b>Day</b> 7
-------------------------	------	----------------------	-----------------

Age	Years 63
-----	-------------

Months

Days

Sex *Male*

Color or Race

Palmer

Birth-  
place

Kent cons.

Occupation *2 crick*

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or Husband

Robert Carson

Father's  
Name

Don Brown

Father's Birthplace:

Dick K

Mother's  
Maiden Name

Int. Genl

Mother's Birthplace

Dr. H. H. H.

Name of person giving  
In formation

~~Handwritten~~ Handwritten

How related  
to deceased

Don

### CAUSES OF DEATH.

Primary

General Drobey

How long

6. *Quercus*

**Immediate**

Stuart Fowler

How long

3 hrs

Are the name, age, sex, color, date  
and place correctly given above?

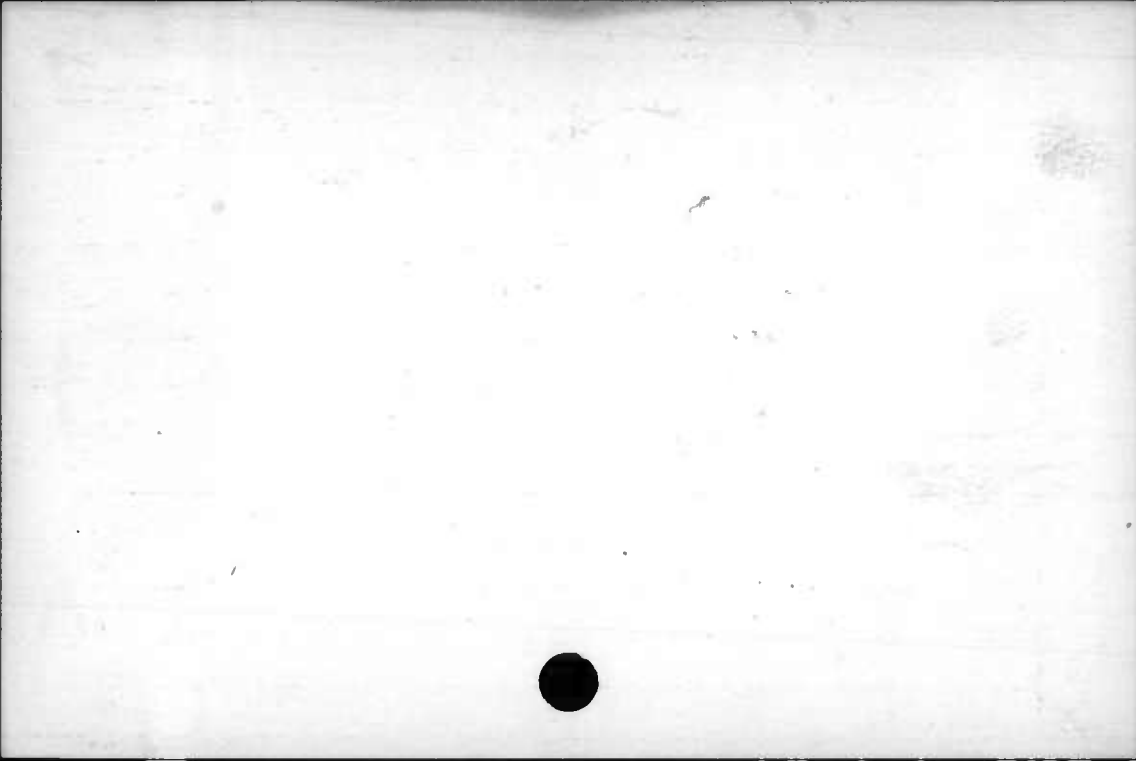
Yes.

Signature of Physician

Address

Wheland Mrs  
Chesbourn Md

~~Accident or Suicide?~~



Name  
in  
Full

Beatrice Jackson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Coleman</u> Town		County <u>Kent</u>		MARYLAND	
Date of death	<u>1905</u> Month <u>April</u>	Day <u>6</u>	Age <u>3</u> Years	Months <u>1</u>	Days <u>—</u>
Sex <u>female</u>	Color or Race <u>Black</u>		Birth-place <u>Md</u>		
Occupation <u>— — —</u>	Where Residing if not at place of death <u>— — —</u>				
Married, Single or Widowed <u>— — —</u>	Name of Wife or Husband <u>— — —</u>				
Father's Name <u>Medford Jackson</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Bertha Brown</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Henry Brown</u>	How related to deceased <u>Grandfather</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Marasmus</u>	How long	<u>17 1/2</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Lewis Patwell</u>
		Address	<u>Still Pond</u>
			<u>Md.</u>
Accident or Suicide?			

~~Still Road~~

Coleman

Name  
in  
Full

Sarah Garrison Kennard

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Near Lynches<sup>County</sup> Kent

MARYLAND

Date  
of death 1905 April

Day 21

Age 56

Months -

Days -

Sex female

Color or Race Black

Birth-place Md

Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed Widowed

Name of ~~Wife~~ or Husband Edwin Kennard

Father's Name Wilson Wright

Father's Birthplace Md

Mother's Maiden Name - - -

Mother's Birthplace

Name of person giving information George S. Bright

How related to deceased Son

## CAUSES OF DEATH

Primary Tuberculosis

How long 6 months

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? Yes.


Signature of Physician Wm. S. Maxwell

Address Still Pond. Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Coleman

Name in Full		Anna Maria Maxwell				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Still Pond</b>		Town <b>Kent</b>		County		MARYLAND	
	Date of death <b>1905</b>	Month <b>April</b>	Day <b>12</b>	Age <b>82</b>	Years <b>6</b>	Months	Days	
	Sex <b>female</b>		Color or Race <b>White</b>		Birth-place <b>Maryland</b>			
	Occupation <b>- - -</b>			Where Residing if not at place of death <b>- - -</b>				
	Married, Single or Widowed <b>Widow</b>		Name of Wife or Husband <b>- - -</b>					
	Father's Name <b>Benjamin Price</b>				Father's Birthplace <b>Del</b>			
	Mother's Maiden Name <b>Anna Mariah Price</b>				Mother's Birthplace <b>Del</b>			
Name of person giving information <b>W. S. Maxwell M. D.</b>				How related to deceased <b>Son</b>				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <b>Paralysis</b>				How long <b>3 yrs.</b>			
	Immediate <b>Exhaustion</b>				How long <b>17</b>			
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <b>Jos. W. Urie</b>				
	<b>yes.</b>			Address <b>1513 Madison Ave Balto. Md.</b>				
Accident or Suicide? <b>- - -</b>								

Still Pond



Name In Full		George Mitchell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> Chestertown		<sup>County</sup> Kent		MARYLAND	
		Date of death 1901 Apr 4		Age 60		Months Days	
		Sex Male		Color or Race Col		Birth-place Md	
		Occupation Laborer		Where Residing if not at place of death			
		Married, Single or Widowed Widower		Name of Wife or Husband			
PHYSICIAN OR CORONER		Father's Name Wm Mitchell				Father's Birthplace Md	
		Mother's Maiden Name Kitty Mitchell				Mother's Birthplace Md	
		Name of person giving information Wm Mitchell				How related to deceased Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long	
		Immediate Cardiac paralysis				How long Instantaneous	
		Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician H G Crump	
						Address Chestertown	
		Accident or Suicide? No					

J.E. Ferguson, undertaker,  
buried at Chichester town.

Name  
in  
Full

## CERTIFICATE OF DEATH

Mr. John W. Morris  
Town County

MARYLAND

Died at

Date

Month

Day

Years

Months

Days

of death 1905 April

20

Age

74

Sex

Male

Color or  
Race

White

Birth-  
place

Kent Co Md.

Occupation

None

Where Residing if not  
at place of death

/

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Mrs Francis Morris

Father's  
Name

Jesse Morris

Father's  
Birthplace

Kent Co Md.

Mother's  
Maiden Name

Mary Smith

Mother's  
Birthplace

Kent Co Md.

Name of person giving  
information

Mrs. Morris

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Dmt. Knu.

How long

Immediate

apoplexy lungs. my first call was dead.  
John E. Carr. KimAre the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Chas Wrothland  
Shapetown Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Printed at Chelton cemetery

Mr J. N. Dodd undertakes

Name  
in  
Full

Still Born Infant

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Lynch</i>		Town <i>Kent</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month	<i>April</i>	Day	<i>18</i>	Age	<i>—</i>
Sex	<i>—</i>	Color or Race	<i>Black</i>		Birth-place	<i>Kent Co</i>	
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>—</i>			Name of Wife or Husband <i>—</i>			
Father's Name	<i>Josiah Oakley</i>					Father's Birthplace	<i>md</i>
Mother's Maiden Name	<i>Hester Caulk</i>					Mother's Birthplace	<i>md</i>
Name of person giving information	<i>Rachel Butler</i>					How related to deceased	<i>midwife</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Heart failure</i>	<i>179</i>
Are the name, age, sex, color, date and place correctly given above?	How long <i>one or two hours</i>
Signature of Physician	<i>W. S. Maxwell</i>
Address	<i>Still Pond, Md.</i>
Accident or Suicide?	

# Fountain Church

Name  
in  
Full

## CERTIFICATE OF DEATH

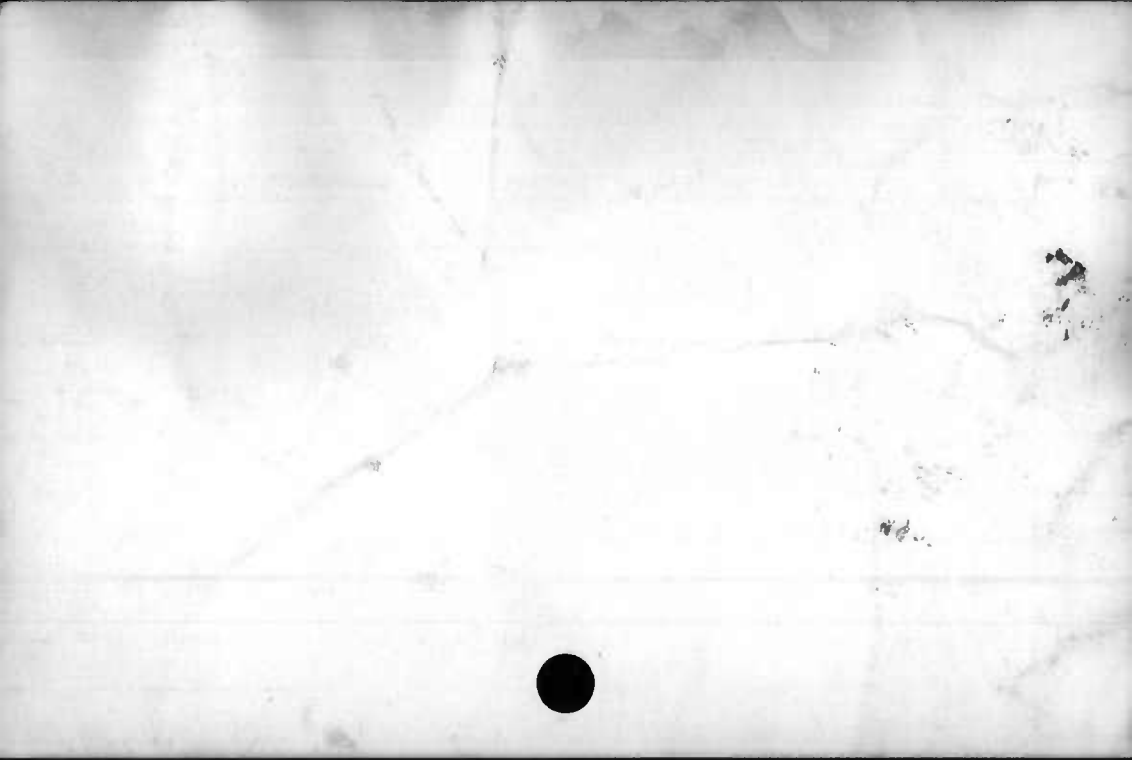
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Pearce</i>		Town <i>near Galena</i>		County <i>Kent</i>		MARYLAND	
Died at		Month <i>4</i>		Day <i>3</i>		Years <i>17</i>	
Date of death <i>1905</i>		Month <i>4</i>		Day <i>3</i>		Age <i>17</i>	
Sex <i>female</i>		Color or Race <i>colored</i>		Birth-place <i>near Galena</i>			
Occupation <i>house maid</i>		Where residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Richd Pearce</i>		Father's Birthplace <i>Galena Ind.</i>					
Mother's Maiden Name <i>Caroline Brown</i>		Mother's Birthplace <i>D. A. Co.</i>					
Name of person giving information <i>Richd Pearce</i>		How related to deceased <i>father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Phthisis</i>	How long	<i>two years</i>
Immediate	<i>the usual way</i>	How long	<i>the usual time</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>M. S. L. M. M.</i>	
Address <i>M. S. L. M. M.</i>			
Accident or Suicide? <i>8</i>			





Name in Full		Mary Ellen Redding				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <b>Still Pond</b>		Town <b>Stent</b>		County <b>Kent</b>	
		Date of death <b>1905</b>		Month <b>April</b>		Day <b>27</b>	
		Age <b>35</b>		Years <b>35</b>		Months <b>—</b>	
		Sex <b>female</b>		Color or Race <b>Black</b>		Birth-place <b>Ind</b>	
		Occupation <b>House wife</b>		Where Residing if not at place of death <b>—</b>			
		Married, Single or Widowed <b>married</b>		Name of <del>Wife</del> Husband <b>Thomas Redding</b>			
		Father's Name <b>Douglas Smith</b>		Father's Birthplace <b>Ind</b>			
		Mother's Maiden Name <b>Sarah J. Anderson</b>		Mother's Birthplace <b>Ind</b>			
Name of person giving information <b>Thos Redding</b>		How related to deceased <b>Husband.</b>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <b>uraemia.</b>		How long <b>several days.</b>			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above? <b>yes.</b>		Signature of Physician <b>Wm. S. Maxwell,</b>			
				Address <b>Still Pond, Md.</b>			
		Accident or Suicide?					

Still Pond

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Elizabeth J. Smith.

Died at <sup>Town</sup>  
GreenlandCounty  
Kent.

MARYLAND

Date of death 1905 April

Day  
12Years  
Age 63Months  
2Days  
12

Sex Female

Color or  
Race

White

Birth-  
place

Philadelphia

Occupation

Housewife

Where Residing if not  
at place of death

New Landford, MD

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

James Smith

Father's  
Name

James

Father's  
Birthplace

Philadelphia

Mother's  
Maiden Name

Don't know

Mother's  
Birthplace

Penn

Name of person giving  
In formation

Jas H. Smith, nephew

How related  
to deceased

nephew

## CAUSES OF DEATH

Primary

Arterio Sclerosis

How long

About 7 yrs

Immediate

Paralysis -

How long

3 yrs

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

W. Thomas Lewis

Address

Chesapeake MD

Accident or Suicide?

—

Broad Neck, M. P. Church  
Cemetery. John N. Dodd,  
Undertaker.

Name  
in  
Full

*Mary Starkey*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Midington* Town *Keokuk* County

Date of death *1905* Month *April* Day *18* Age *97* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Maryland*

Occupation *None* Where Residing if not at place of death *at home*

Married, Single or Widowed *Widow* Name of ~~Wife or~~ Husband *Sewal Starkey*

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *James Gould* How related to deceased *Son in law*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

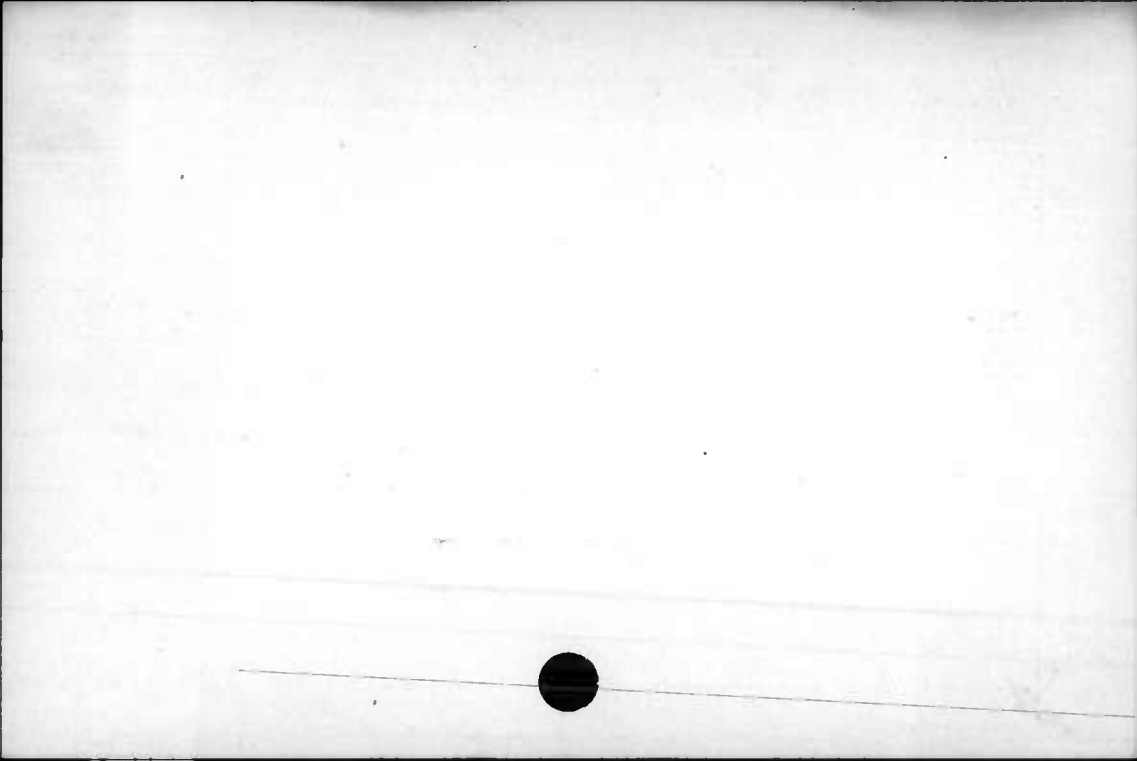
Primary *Age* How long *—*

Immediate *Asthma* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *C. P. Gorman M.D.*

Address *Midington Md.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Townd</u> <u>Kennedysville</u>		County <u>Kent</u>		MARYLAND	
Date of death <u>1905</u> <u>Apr</u> <u>7</u>		Age <u>—</u>		Months <u>—</u>	Days <u>3</u>
Sex <u>male</u>	Color or Race <u>Black</u>	Birth-place <u>Kennedysville</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>Kennedysville</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>George E. Townsend</u>		Father's Birthplace <u>Kent G Md</u>			
Mother's Maiden Name <u>Annie Starling</u>		Mother's Birthplace <u>Kent G Md</u>			
Name of person giving information <u>George E Townsend</u>		How related to deceased <u>father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Convulsions</u>	How long <u>3 days</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>G. I. Barrick</u>
	Address <u>Kennedysville Md.</u>
Accident or Suicide? <u>—</u>	

Still Pond



Name  
in  
Full

## CERTIFICATE OF DEATH

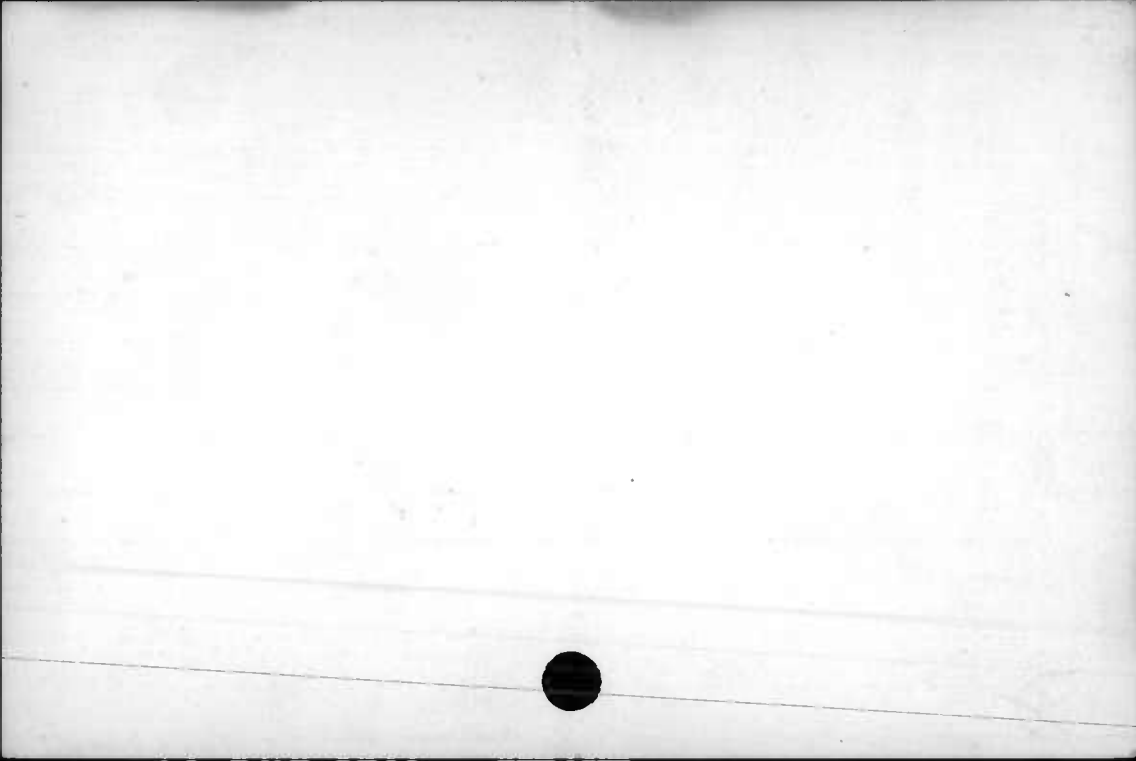
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Odie White</i>		Town <i>Millington</i>		County <i>Kent</i>		MARYLAND	
Died at <i>Millington</i>		Month <i>Apr</i>		Day <i>11</i>		Years <i>2</i>	
Date of death <i>1905</i>		Month <i>Apr</i>		Day <i>11</i>		Age <i>2</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Millington Md</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>at home</i>		Days <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Kent Co</i>		Mother's Birthplace <i>Kent Co</i>	
Father's Name <i>John White</i>		Mother's Maiden Name <i>Mary Lawrence</i>		Name of person giving information <i>John White</i>		How related to deceased <i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>93</i>	How long <i>1 Week</i>
Immediate <i>Cardiac failure</i>		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. P. Lawrence M.D.</i>	Address <i>Millington Md</i>
Accident or Suicide? <i>—</i>		



Name  
in  
Full

Harris

Wilson

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Rock Hall<sup>County</sup> Kent

Date of death 1905 Apr

Day 2

Age 5 Years

Months

Days

Sex

Male

Color or Race

White

Birth-place

Brookline N.Y.

Occupation

Where Residing if not at place of death

Brookline N.Y.

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Edward B Wilson

Father's Birthplace

Rock Hall

Mother's Maiden Name

Ida Newcomb

Mother's Birthplace

" "

Name of person giving information

R. B Wilson

How related to deceased

Grandfather

## CAUSES OF DEATH

Primary

How long

Immediate

Cerebrospinal-meningitis

How long

24 hours.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

O. L. Long M.D.

Address

Rock Hall Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

